



2019 Mid American Pompon -Overnight Summer Camp Registration Form-

Please submit one form per team. **A completed rooming list must accompany this registration sheet in order for teams to be registered for camp.** Rooming lists are located at www.pompon.com on the Summer Camp page.

School: _____ Coach Name: _____
 Phone: Home (____) _____ Cell (____) _____
 Mailing Address: _____ City: _____ Zip: _____
 Coach Email (required) _____
 Additional Email for confirmations: _____

June 20 – June 23
Davenport University

- Intermediate Pom
 Advanced Pom

June 26 - July 29
Davenport University

- Intermediate Pom
 Advanced Pom

July 18 - July 21
Davenport University

- Intermediate Pom
 Advanced Pom

FINAL PAYMENT: Due MAY 30

Due JUNE 5

Due JUNE 28

We are a: Varsity JV Junior High / Middle School
 consisting of _____ team members and _____ coaches

(You must have at least one coach or chaperone who is over 21 years of age to attend camp with your team.)

Early Arrival Option: Our team plans to arrive the evening before camp begins

A great way to start camp! Sleep in, have a full, healthy breakfast, and enjoy extra team bonding before the start of your camp session!
\$47 per person includes overnight stay and breakfast. Cancellation of early arrivals must be made three weeks prior to your camp session.

A map with early arrival information will be emailed to you prior to your camp. **Early Arrival check in is between 6:00-7:30 pm only.**

PLEASE NOTE: \$20 per camper Late Fee will be assessed if FULL payment is received after the due date!

Payment Method School Check Money Order Certified Check Credit Card*

Full Payment: Number of campers & coaches _____ X \$396.00 per person = \$ _____

***CREDIT CARD—** Number of campers & coaches _____ X \$406.00 per person = \$ _____

PLUS (+) Number of campers & coaches _____ x **\$47** per person **Early Arrival** (if applicable) = + \$ _____

MINUS (-) Team Pre-Registration (if applicable) = - \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

Credit Card # _____ Expiration Date: _____ / _____ 3-Digit Code _____

Name of Card Holder: _____ Billing Address: _____